

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-4756.M5

MDR Tracking Number: M5-04-1194-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on December 29, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, joint mobilization, electrical stimulation, mechanical traction, and hot/cold packs were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 01/15/03 through 02/12/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 16th day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

March 12, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-1194-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ----- external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ----- chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 22 year-old female who sustained a work related injury on ----- . The patient reported that while at work she was driving a van when it hydroplaned on some water and hit the median divider on the freeway. The patient was evaluated in the emergency room and was released. X-Rays of the cervical, lumbar spine and right knee dated 12/9/03 indicated hypolordosis, hypomobility of the cervical spine, hyperlordosis and hypomobility of the lumbar spine, and a high pelvis on the right. The initial diagnoses for this patient included lumbar intervertebral disc syndrome, lumbar radiculopathy, sciatica, and facet syndrome. The patient has been treated with oral medications, joint mobilization, electrical stimulation, mechanical traction and hot/cold packs.

Requested Services

Office visits, joint mobilization, electrical stimulation, mechanical traction, and hot/cold packs from 1/15/03 through 2/12/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a 22 year-old female who sustained a work related injury to her cervical and lumbar spine, and right knee on ----- . The ----- - chiropractor reviewer indicated that the patient had been diagnosed with a cervical/thoracic, and lumbar sprain/strain. The ----- chiropractor reviewer explained that the initial phase of treatment for nonsurgical low back pain can last between 6-12 weeks (North American Spine Society; NASS:2001). The ----- chiropractor reviewer also explained that the documentation provided indicated that between 1/15/03 and 2/12/03, the patient had continued pain, muscle spasms, and decreased range of motion in the cervical and lumbar spines. The ----- chiropractor reviewer indicated that using the North American Spine Society Guidelines for lower back pain, the treatments rendered to this patient are within accepted guidelines for treatment of muscle spasm/strain. Therefore, the ----- chiropractor consultant concluded that the office visits, joint mobilization, electrical stimulation, mechanical traction, and hot/cold packs from 1/15/03 through 2/12/03 were medically necessary to treat this patient's condition.

Sincerely,
